

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101049733
APPLICANT(S)

FILING DATE

CLAIMS

| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | 2 | | | |
| TOTAL DEP. | | 14 | | | |
| TOTAL CLAIMS | | 16 | | | |

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BEST AVAILABLE COPY